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DEWIPAT File No. 30.014.11.US

Form PTO/SB/122
(Modified)Change of Correspondence Address
Application

2005

| | | | |
|-----------------|------------------------------|------------------|------------|
| Application No. | 09/657446 | Attorney Docket | ARC 2762C1 |
| Filing Date | 2000-09-08 | Customer No. | |
| Applicant | David E. Edgren et al. | Confirmation No. | 1540 |
| Examiner | Blessing M. Fubara | Art Unit | 1615 |
| Title | Extended Release Dosage Form | | |

Please change the Correspondence Address for the above-identified patent application to:

 Customer Number: 30766

OR

| | | | |
|--------------------------|----------------------|-----|--|
| <input type="checkbox"/> | Firm/Individual Name | | |
| Address | | | |
| Address | | | |
| City | State | Zip | |
| Country | | | |
| Telephone | Fax | | |

This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124).

I am the:

- Applicant/Inventor
- Assignee of record of the entire interest.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- Attorney or Agent of record. Registration Number **42-254**.
- Registered practitioner named in the application transmittal letter in an application without an Executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number ____.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|---|---|-----------|--------------|
| Printed Name | Adenike Adebiyi | | |
| Signature |  | | |
| Date | April 28, 2005 | Telephone | 281-440-1712 |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*. | | | |
| <input checked="" type="checkbox"/> *Total of 1 forms are submitted. | | | |

SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450.